ZURICH

Zurich Superannuation Plan – Optional Protection Benefits

Information Document and policy conditions

Issue Date: 29 March 2021

Thank you for considering ZSP optional protection benefits.

This document explains the optional protection benefits available with ZSP

This document explains how ZSP optional protection benefits work and what they do and don't cover. Please read this document carefully to decide if ZSP optional protection benefits are right for you before you apply for a policy.

You can find more information in the superannuation PDS

This document forms part of the Zurich Superannuation Plan (ZSP) and Zurich Account-Based Pension (ZABP) product disclosure statement (PDS) dated 1 July 2019, and any later versions of that PDS.

The ZSP and ZABP PDS is an important document, available online at zurich.com.au/ZSPandZABP or by contacting us. Please read the PDS and all incorporated documents in full before making a decision about the ZSP or ZABP.

As this insurance cover is provided through your superannuation plan, there is other important information you should know. Please also refer to the Fee Guide and Additional Information document available online at zurich.com.au/ZSPandZABP for details of the following:

- contributing to superannuation funds
- accessing your superannuation
- nominating a dependant to receive death benefits.

If you'd like a printed copy of the latest version of this document, free of charge, please contact us. Our contact details are on the inside back cover of this document.

If we issue a policy to you, this document will become your policy conditions

The ZSP optional protection benefits are provided under a policy called Zurich Superannuation Term Life Plus. If we issue a Zurich Superannuation Term Life Plus policy, we'll send you a policy schedule which will confirm the details of your cover and this document will become your copy of the policy conditions. Please store both documents together in a safe place.

We've divided this document into logical sections

To help you find what you're looking for before you apply and after your policy is in place, we've divided the content into logical sections.

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Here's how to read this document

This document contains information about ZSP optional protection benefits, as well as the policy conditions.

We've italicised defined terms

In this document, all terms appearing in *italics* are defined terms with special meanings which are explained in the 'Definitions' section, starting on page 28.

We are Zurich Australia Limited

'Zurich', 'us', 'our' and 'we' means Zurich Australia Limited ABN 92 000 010 195, AFSL 232510. Our contact details are on the inside back cover of this document.

Zurich is the issuer of this document and the issuer of the insurance policy described in it.

The trustee is Equity Trustees

'The Trustee' means Equity Trustees Superannuation Limited ABN 50 055 641 757 AFSL 229757, which is the trustee of the Zurich Master Superannuation Fund ABN 33 632 838 393 (the Fund) and the issuer of ZSP.

This document contains general information only

The information in this document is general information only and doesn't consider your individual objectives, financial situation, or specific needs. Please carefully consider these factors when you decide whether each policy is appropriate for you personally.

We recommend getting specialist advice before you purchase ZSP optional protection benefits

For example, professional financial advice and taxation advice will help you make informed decisions regarding ZSP optional protection benefits.

We'll post any changes which affect this document on our website

The information in this document is up to date when issued but some information can change. For example, we changed our registered address in late 2019. Changes like this, that are not materially adverse, will be posted on our website. You can also request a paper or electronic copy of any updated information without charge.

If there is a materially adverse change to the information in this document, we'll issue a supplementary or replacement document.

Income protection benefits can no longer be added to ZSP

From 29 March 2021, income protection benefits are no longer offered to ZSP members. This means that existing ZSP members and new ZSP members cannot apply for income protection benefits within the fund.

The current ZSP and ZABP PDS is amended by removing the reference to income protection for new members.

Existing members who already have income protection benefits are unaffected by this change and remain covered under the terms and conditions that applied when their cover started.

For further updates, please refer to our website.

How to contact us

In this document we explain that there are times when you need to contact us to keep your insurance aligned with your situation. You're also welcome to contact us any time if you have questions. Our contact details are on the inside back cover of this document.

Our industry code

The life insurance code of practice is our promise to you

When you take out life insurance, it's important that you get the highest standards of service in all your dealings with us. That's why we've adopted the Life Insurance Code of Practice.

It's the life insurance industry's commitment to mandatory customer service standards and it's designed to protect you, our customer.

The code explains our commitments as an industry

The Code explains the life insurance industry's key commitments and obligations to customers on standards of practice, disclosure, and principles of conduct for their life insurance services, such as being open, fair, and honest. The Code also includes timeframes for insurers to respond to claims, complaints, and customer requests for information.

The Code covers many aspects of your relationship with us, from buying insurance to making a claim, to providing options if you experience financial hardship or require more support. An independent committee, the Code Compliance Committee, monitors the Code to ensure effective compliance by life insurers. The committee can sanction insurers if they don't correct Code breaches.

Key code promises

1. We'll be honest, fair, respectful, transparent, timely and where possible we'll use plain language in our communications with you.
2. We'll monitor sales by our staff and our authorised representatives to ensure sales are appropriate.
3. If we discover that an inappropriate sale has occurred, we'll discuss a remedy with you, such as a refund or a replacement policy.
4. We'll provide more support if you have difficulty with the process of buying insurance or making a claim.
5. When you make a claim, we'll explain the claim process to you and keep you informed about our progress in making a decision on your claim.
6. We'll make a decision on your claim within the timeframes defined in the Code and if we can't meet these timeframes you can access our complaints process.
7. If we deny your claim, we'll explain the reasons in writing and let you know the next steps if you disagree with our decision.
8. We'll restrict the use of investigators and surveillance, to ensure your legitimate right to privacy.
9. The independent Code Compliance Committee will monitor our compliance with the Code.
10. If we don't correct Code breaches, sanctions can be imposed on us.

Getting a copy

You can find the Code on the FSC website fsc.org.au

We can help if you need support

We recognise that some customers need more help than others. For example, customers who are from a non-English speaking background. Your financial adviser will help you through the process at the time when you apply for a policy. They can also help if you make a change to your policy, if you make a claim or if you want to make a complaint. If you contact us and we identify that you need more support or that you're experiencing financial hardship, we'll do our best to help. This could involve helping you to understand how your policy works or explaining the options available under your policy.

What are ZSP optional protection benefits?

ZSP optional protection benefits are life insurance options

The Zurich Superannuation Plan (ZSP) doesn't automatically include insurance cover. ZSP optional protection benefits are life insurance options you can elect to add to your ZSP.

ZSP optional protection benefits are not available with the Zurich Account-Based Pension, even though ZSP and the pension product are both described in the same PDS.

This document explains the insurance options available, so that you can select insurance to meet your needs. Your financial adviser will help you with this process.

The table below shows the main benefits. The policy offers a range of in-built benefits, as well as a number of optional benefits which allow you to tailor cover. The choices you make about cover will affect the breadth and the cost of your cover.

You'll find the policy conditions applying to each type of insurance in the next sections of this document.

Choose cover that suits you best

Zurich Superannuation Term Life Plus	Death cover	Death cover provides a payment if the life insured dies. We can pay the death benefit early in the case of terminal illness, to help the life insured get their financial affairs in order. Death benefits are designed to clear debts and to help family members maintain lifestyle following the loss of a loved-one.
	TPD cover	Total and permanent disablement cover provides a payment if the life insured suffers total and permanent disablement which meets the TPD definition in your policy. TPD benefits are designed to help fund expenses associated with long term disability and to help family members maintain lifestyle in the absence of an income-earner.

From the date of this document, income protection insurance can no longer be added to a ZSP.

The policy is guaranteed to continue provided you pay premiums

Provided you pay premiums within 30 days of the due date, the policy is guaranteed to continue up until the end date of the benefits you've chosen, regardless of any changes in your health or pastimes.

The policy covers you 24 hours a day, seven days a week, worldwide, which means you remain protected during holidays and overseas work assignments. However, residency can affect how the policy works. If you're thinking about moving overseas, read the 'Making changes to your policy' section on page 21.

Your policy has a guaranteed upgrade of benefits

If we improve the terms of the benefits described in this document without any change in the standard premium rates, we'll incorporate the improvement in your policy. The improved terms won't apply to any existing medical condition, or any injuries already sustained when the improvement is applied.

We'll let you know about any benefit upgrades that affect your policy via the policy anniversary notice that we send you every year. We'll also include information about any policy upgrades on our website in the section: zurich.com.au/existingcustomers.

There are risks that come with holding ZSP optional protection benefits

Risks which come with holding ZSP optional protection benefits include:

- the insurance you've chosen might be inadequate to fully protect your financial needs based on your circumstances now or in the future
- if you don't comply with your duty of disclosure, or if you don't answer our application questions about the life insured correctly, we may not pay your claim, pay only a portion of your claim, vary your cover, or void your cover. The duty of disclosure is explained in the 'Applying for cover' section, starting on page 15.

Zurich Superannuation Term Life Plus

Zurich Superannuation Term Life Plus can provide cover for TPD, death and terminal illness

The benefits payable under the Zurich Superannuation Term Life Plus policy depend on the covers you select. The policy can pay a lump sum on the life insured's death, terminal illness or total and permanent disablement (TPD).

The policy conditions for Zurich Superannuation Term Life Plus are set out in this section.

The benefits payable under this policy depend on the cover you select

Cover	What this cover provides
Death cover	A benefit payable on death or advanced if the life insured is terminally ill.

Cover	What this cover provides
TPD cover	A benefit payable on total and permanent disablement based on the TPD definition on the policy schedule. Available definitions include any occupation, domestic duties, and modified. Benefits are only paid if the definition of permanent incapacity under superannuation law is met.

Premiums for death cover, TPD cover or death and TPD cover are paid by the Trustee from your ZSP account.

Linking death and TPD benefits reduces overlap and cost

If your benefits are linked, a TPD claim will reduce the death benefit on the policy by the amount paid. For example, if you have a death benefit amount of $500,000 and a linked TPD benefit amount of $400,000 and we pay $400,000 for a TPD claim, the death benefit amount will reduce to $100,000. This is usually a cost-effective way to access more cover.

This document assumes that death and TPD benefits are linked, as this is the most common way to set up a policy. However, your financial adviser will help you to determine the most appropriate structure for your situation and we'll set up your policy accordingly.

Restrictions apply to insurance held in superannuation

Superannuation fund trustees must ensure that insurance benefits are aligned with the superannuation payment rules under superannuation law. We've applied restrictions to these insurance benefits in line with these requirements.

'Permanent incapacity' has a definition under superannuation law, which generally refers to situations when TPD benefits can be paid. To meet the definition of permanent incapacity, the life insured must have all the necessary certifications required to establish permanency in superannuation law.

'Superannuation law' includes the Superannuation Industry (Supervision) Act 1993 (Cth) and associated regulations.

Zurich Superannuation Term Life Plus policy conditions

The information below forms part of the Zurich Superannuation Term Life Plus policy conditions. Words or expressions shown in *italics* have their meaning explained in the 'Definitions' section.

When we accept your application, we'll issue a policy schedule. The policy schedule shows:
- the life insured covered under the policy
- the benefits selected
- the amount of cover for each at the start of the policy
- any extra-cost optional benefits selected
- the premium structure
- benefit end dates
- any special conditions that apply to your policy specifically.

The life insured is only covered for the benefits and amounts shown on the policy schedule. Each benefit is only 'in-force' from the benefit start date until the benefit ends, which can be earlier than the benefit end date shown on the policy schedule. See 'When the benefits end' on page 14.

Cover is automatically increased in line with inflation each year unless you contact us with alternate instructions. Your options are explained in the section 'Inflation protection' on page 12.

You can make changes to your policy. If you apply for optional benefits or increases to the benefit amounts after the policy starts, changes are only effective if we accept the application after assessing the life insured's health, occupation, and pastimes.

This policy can pay benefits on death, terminal illness and TPD

This section explains when benefits become payable.

Benefits payable under the death cover

If the life insured is covered for the death benefit and an insured event occurs, the following benefits are payable.

The insured event must occur both:
- while this benefit and policy is in-force
- before the death benefit ends.

A benefit isn't payable if an exclusion applies. Exclusions are explained on page 13.

Benefit name	What this benefit pays
Death & terminal illness benefit	Pays a lump sum on death or diagnosis of *terminal illness*.
Accidental injury benefit	Advances part or all the death benefit amount if the life insured suffers an *accidental injury* which results in a specified injury. Covered events include loss of use of a hand or foot and loss of sight. The life insured must also meet the superannuation definition of permanent incapacity.

Death benefit

We'll pay the death benefit if the life insured dies.

Terminal illness benefit

We'll advance the death benefit if the life insured is diagnosed with a *terminal illness*.

The amount we'll advance is the death benefit amount on the date the life insured's terminal illness is certified, even if we don't see the certifications until a later date.

Accidental injury benefit

We'll pay the lower of 25% of the death benefit amount and $500,000 if the life insured suffers an *accidental injury* which causes the entire and irrevocable loss of any of the following:

- the use of one hand
- the use of one foot
- the sight in one eye.

We'll pay the lower of 100% of the death benefit amount and $2,000,000 if the life insured suffers an *accidental injury* which causes the entire and irrevocable loss of any of the following:

- the use of both hands
- the use of both feet
- the sight in both eyes
- any two of: the use of one hand, the use of one foot, the sight in one eye.

The accidental injury benefit is only payable if the life insured also meets the superannuation definition of permanent incapacity.

The accidental injury benefit isn't payable if:

- a benefit is paid for the same *injury* under TPD cover
- the *injury* is the result of war, whether declared or not. War doesn't include acts of terrorism
- the *injury* is a result of intentional self-inflicted injuries or attempted suicide.

Benefits payable under the TPD cover

If the life insured is covered for the TPD benefit and an insured event occurs, the following benefits are payable. The insured event must occur both:

- while this benefit and policy is in-force
- before the TPD benefit ends.

A benefit isn't payable if an exclusion applies. Exclusions are explained on page 13.

Benefit name	What this benefit pays
TPD benefit	Pays a lump sum if the life insured suffers a permanent disability that meets the selected or allocated TPD definition. Our different TPD definitions are explained on the next page. Qualifying periods apply to TPD benefits. The life insured must also meet the superannuation definition of permanent incapacity.

TPD benefit

We'll pay the TPD benefit if the life insured meets the relevant definition of *total and permanent disablement*.

The policy schedule shows the definition of *total and permanent disablement* that applies.

The amount we'll pay is the benefit amount current on the earlier of:

- the date when the definition is met
- where there is a three-month qualification period as part of the definition, the start of that period.

This means that under the *any occupation TPD* policy definition, the benefit amount is based on the date when the life insured stopped work because of the disability that led to the claim. It isn't when evidence confirms that the disability is permanent.

While we assess a claim, premiums continue to be payable. However, if the TPD benefit is paid, we'll refund any TPD premiums paid after the date when the life insured stopped work as part of the claim.

The life insured must also meet the superannuation definition of permanent incapacity.

Excerpts from our definitions are set out below to show how this policy provides each type of TPD. While the summary explains how the definitions differ, claims will always be assessed against the TPD definition. You can find the TPD definitions in the 'Definitions' section, starting on page 28.

The definition of TPD will determine when you can claim

When you apply for TPD cover, a definition of TPD is either chosen by you or allocated to you, depending on the life insured's occupation. The definition selected will determine the criteria against which the life insured's disability is assessed when you claim.

Available definitions are:
- *any occupation TPD*
- *domestic duties TPD*
- *modified TPD.*

The name of each definition describes to the main focus of that definition, for example if you select 'any occupation TPD' then at claim time the life insured is assessed against their ability to do a suited occupation ever again. However, each definition includes several ways to qualify for a benefit.

The requirements of the TPD definitions vary and are summarised below. We'll only pay a TPD benefit if the life insured meets our insurance definition of TPD, and there is supporting evidence of permanency. The opinion of the life insured's *medical practitioner* is important and will be used in our assessment, but we'll also review other medical and occupational information available to us when you claim to determine if the definition is met.

TPD benefits can only be paid if the definition of permanent incapacity under superannuation law is met.

TPD definition	**Type of TPD cover provided**	
	Before the policy anniversary when the life insured is 65	From the policy anniversary when the life insured is 65
Any occupation TPD This definition is available to people who are in paid employment for a minimum of 16 hours per week.	• Unlikely to do a suited occupation ever again • Loss of functional capacity • Significant impairment to their whole body • Loss of limbs and/or sight • Unable to look after themselves ever again • Loss of intellectual capacity	• Loss of limbs and/or sight • Unable to look after themselves ever again • Loss of intellectual capacity
Domestic duties TPD This definition is available to people whose main occupation is to maintain the family home.	• Unlikely to perform domestic duties ever again • Unlikely to do a suited occupation ever again (if working an average of at least 16 hours per week before the claim) • Loss of functional capacity • Significant impairment to their whole body • Loss of limbs and/or sight • Unable to look after themselves ever again • Loss of intellectual capacity	• Loss of limbs and/or sight • Unable to look after themselves ever again • Loss of intellectual capacity
Modified TPD This definition is available to everyone who is eligible for TPD cover.	• Loss of limbs and/or sight • Unable to look after themselves ever again • Loss of intellectual capacity	

The terms used in the above table are explained below:

Type of TPD cover	When a benefit is payable
Unlikely to do a suited occupation ever again	Due to *sickness* or *injury*, the life insured: • hasn't been working for a continuous period of at least three months • is so incapacitated that they're unlikely to be able to work in *any occupation* ever again. **any occupation** means any occupation, business, or employment the life insured is suited to by education, training, or experience. Earnings from this occupation, business or employment should be more than 25% of the life insured's most recent 12 months of work for remuneration or reward.
Unlikely to perform domestic duties ever again	Due to *sickness* or *injury*, the life insured: • is unable to perform all of the *domestic duties* without an adult person assisting, for a continuous period of at least three months • is unable to leave their home without an adult person assisting for a continuous period of at least three months • has been following the advice of a *medical practitioner* and engaging in appropriate treatment for the *sickness* or *injury* in the three-month period • is so incapacitated that they require ongoing medical care • is so incapacitated that they're unlikely to be able to perform all of the *domestic duties* without an adult person assisting, ever again.
Loss of functional capacity	Due to *sickness* or *injury*, the life insured suffers *functional impairment* of at least four *extended ADLs*.
Significant impairment to their whole body	Due to *sickness* or *injury*, the life insured suffers permanent and irreversible *whole person impairment* of at least 60%.
Loss of limbs and/or sight	Due to *sickness* or *injury*, the life insured suffers *loss of hands or feet*, *loss of sight* or both *loss of a hand or foot* and *loss of sight in one eye*.
Unable to look after themselves ever again	Due to *sickness* or *injury*, the life insured suffers a total and irreversible inability to perform at least two of the *activities of daily living* without the help of another person.
Loss of intellectual capacity	Due to *sickness* or *injury*, the life insured suffers *loss of independent existence* or *cognitive loss*.

Some of the above definitions will only be met if the life insured survives for 14 days after meeting the definition. Definitions can be found in the 'Definitions' section, starting on page 28.

Only the modified TPD definition applies when the life insured reaches 65

From the policy anniversary when the life insured is 65, claims are only assessed against the *modified TPD* definition, regardless of the definition selected when the policy starts. The TPD benefit amount is only payable if the life insured meets the *modified TPD* definition.

Modified TPD describes a more severe level of disability than an any occupation or domestic duties definition, meaning the life insured is less likely to qualify for a benefit. However, the reduction in cover is reflected in the cost which is lower than it would be for other definitions at older ages.

We'll remind you about this change when the life insured approaches 65 so that you have time to seek advice and decide whether to continue the cover.

Cover over $3 million reduces automatically when the life insured reaches 65

On the policy anniversary when the life insured is 65, any TPD cover exceeding $3,000,000 will be reduced to $3,000,000. This maximum benefit amount of $3,000,000 per life insured will apply across all policies issued by us.

We'll remind you about this change when the life insured approaches 65 so that you have time to specify which cover is reduced if you have multiple covers. If you don't contact us before the policy anniversary, we'll apply a proportionate reduction.

You can purchase optional benefits to boost your cover

You can select optional benefits when you apply for your policy and they will apply from the policy start date. You can also add options after your policy starts.

Optional benefits only apply if they are shown on the policy schedule. The policy schedule also shows the end date applying to each optional benefit and the benefit amount, if these need to be separately stated.

The optional benefits are summarised in the table below and the policy conditions for each are set out on the next page.

Option name	What this option does
Double TPD option	Reinstates death cover 14 days after a TPD claim. If the full TPD benefit amount is paid, death cover is reduced by the TPD claim amount. This option restores the death cover to the pre-claim amount. Premium for the reinstated death cover is waived for the remaining life of the policy.
Buy-back death option	Reinstates death cover 12 months after a TPD claim. If the full TPD benefit amount is paid, death cover is reduced by the TPD claim amount. This option restores the death cover to the pre-claim amount.
Premium waiver option	Waives premiums on the policy if the life insured is severely disabled and can't work.

Double TPD option

This option reinstates the death benefit after we pay the TPD benefit.

The premium for the death benefit amount reinstated is waived until the death benefit end date.

We'll reinstate the death benefit to the pre-claim amount if:

- the life insured survives for 14 days after we pay the TPD benefit
- the TPD definition is met before the policy anniversary when the life insured is 65
- the life insured stopped work more than 90 days after the option started if the option was added after the policy start date.

On the policy anniversary when the life insured is 65, double TPD cover automatically converts to standard TPD cover. We'll remind you about this change when the life insured approaches 65 so that you have time to seek advice and decide whether to continue the cover.

Buy-back death option

This option reinstates the death benefit after we pay the TPD benefit.

We'll reinstate the death benefit to the pre-claim amount 12 months after we pay the TPD benefit if:

- the TPD definition is met before the policy anniversary when the life insured is 74
- the life insured stopped work more than 90 days after the option started if the option was added after the policy start date.

Premium for the reinstated death benefit will be based on:

- the life insured's age on the reinstatement date
- premium rates and calculation factors for the benefit on the reinstatement date
- the gender and smoking status that applied to the pre-claim benefit.

Any special conditions, exclusions, or premium loading applied to the pre-claim benefit, will also apply to the reinstated benefit.

If you don't want the cover to be reinstated, you can ask us not to reinstate it. You can also choose to reinstate only part of the amount.

After the death benefit is reinstated, you can't increase the reinstated cover using the future insurability feature.

Premium waiver option

We'll waive the premiums for this policy if the life insured is totally disabled for at least three consecutive months before the policy anniversary when they're 69. We'll continue to waive the premium while they remain totally disabled.

'Totally disabled' means either of the following:

- due to *sickness* or *injury*, the life insured is unable to perform their usual occupation and they're not working for remuneration or reward. The life insured must be following the advice and recommended treatment of a *medical practitioner*
- due to *sickness* or *injury*, the life insured is unable to perform at least two *activities of daily living*.

Under this option, 'usual occupation' means the occupation the life insured spent the most time working in during the 12 months before *sickness* or *injury*. However, a different definition applies if the life insured has been unemployed or on long service or parental leave for more than 12 consecutive months immediately before the *sickness* or *injury*. In this case, usual occupation is any occupation they are reasonably qualified for by education, training, or experience.

You must pay premiums in the three-month period to qualify for this waiver. We'll refund any premiums paid in those three months if the life insured qualifies for the waiver.

We'll also waive premiums for this policy for up to three months if the life insured is involuntarily unemployed other than as a direct result of a *sickness* or *injury*. To qualify for this waiver, the policy must have been in-force for 12 months before the claim is made, and the life insured must be registered with an employment agency. A total of three months premium can be waived because of unemployment over the life of the policy.

The premium waiver option ends when one of the following happens:

- the death of the life insured
- when we receive written instruction to cancel this option
- the policy anniversary when the life insured is 69
- when the policy ends.

Some restrictions apply to the premium waiver option

This option is only available if the life insured has been in paid employment for more than 16 hours per week.

We won't waive premiums where *sickness* or *injury* occurs as a direct result of:

- an intentional self-inflicted act
- attempted suicide
- *uncomplicated pregnancy or childbirth*
- an act of war, whether declared or not. War doesn't include acts of terrorism.

If this option is added to the policy after it starts, premiums won't be waived for *sickness* or *injury* that occurs or is apparent within 90 days of the option being added. 'Apparent' means the life insured is aware of symptoms or a diagnosis relating to the condition.

Your policy includes these features automatically

Your policy automatically includes the following features, regardless of the covers selected.

Feature name	What this feature does
Interim cover	Puts some temporary accident cover in place as soon as you apply for cover. Interim cover is explained on page 22.
Inflation protection	Increases cover every year, unless declined by you, without health assessment.
Future insurability	Allows an increase in death and TPD cover without health assessment when certain life events happen, for example, marriage or birth of a child.
Financial planning advice	We'll reimburse up to $3,000 for financial advice following a claim payment under this policy. If we pay a benefit for death, terminal illness or TPD and the cover has been in place for five years or more, the limit on this benefit increases to $6,000.

Inflation protection

We'll increase your insurance cover each year to protect the value of the cover from the impact of inflation. Increases are offered each year on the policy anniversary. They apply to the death benefit amount and the TPD benefit amount.

The benefit amount is increased by the higher of:
- 5%
- any increase in *consumer price index* (CPI).

Any increase in CPI is based on the annual percentage change in CPI published each quarter. We use the figure most recently published at least three months before your policy anniversary notice is sent. For example, if your policy anniversary is in September, we'll send your policy anniversary notice in August and the CPI increase on that notice will be based on the annual percentage change in CPI published for the March quarter.

You don't have to accept any increase we offer. You can:
- reject one increase. We'll still offer you increases in the following years
- agree a lower increase amount with us for the current policy anniversary
- reject the increase and all future increases. We won't offer you increases any more unless you ask us to start offering them again.

Contact us when you receive the offer if you want to make a change. If you don't contact us before the policy anniversary, the increase will be applied automatically.

Inflation protection doesn't apply to the amount payable for events which have already occurred when we offer it to you.

Future insurability

You can increase the death, TPD or death and TPD benefit amounts without health assessment when any of the following covered events happen.

If the life insured:
- marries, registers a partnership, or begins co-habiting with a partner
- divorces, de-registers a partnership, or ends co-habiting with a partner
- becomes a parent following the birth or adoption of a child
- experiences a significant increase in salary (minimum 15%)
- takes out a new mortgage on their principal place of residence
- increases their mortgage on their principal place of residence
- takes out a new investment property loan
- becomes a full-time carer
- becomes a widow or widower, following the death of a partner.

If the life insured's child:
- starts secondary school
- turns 18.

You're eligible to make an increase if:
- you provide evidence of the event
- the benefit being increased has been in place for a minimum of 12 months
- the covered event happens before the policy anniversary when the life insured is 54
- we haven't paid a benefit and there is no entitlement to a benefit under any Zurich policy for the life insured
- we or any other life insurer haven't waived or aren't currently waiving premiums for the life insured because of a *sickness* or *injury*.

One increase can be made per policy year within 30 days of either:
- the date of any covered event
- the policy anniversary after the date of any covered event.

The minimum increase amount is $10,000. The maximum increase available is 25% of the death or TPD benefit amount on the benefit start date, up to $200,000. Where the event is based on a mortgage or investment property loan, the increase can't exceed the new loan or increase in loan amount.

Any special conditions, exclusions, or premium loading applied to the existing benefit, will also apply to the increased benefit.

Some limitations apply to future insurability

The following limitations apply to increases under this feature:
- the sum of all increases under this feature can't exceed the benefit amount on the benefit start date or $1,000,000
- in any 12-month period, the maximum increase is 50% of the benefit amount on the benefit start date
- the TPD benefit amount can't be increased to more than $5,000,000
- any TPD benefit with an any occupation definition can only be increased if the life insured is in paid work for at least 16 hours per week when the increase is requested.

In the first six months after an increase, the extra benefit amount will only apply to events which are caused by *accidental death* or *accidental injury*. Only *accidental death* or *accidental injury* that happens after the date of the increase is covered.

You can't use this feature to increase cover which is reinstated under an optional benefit.

Financial planning advice

We'll reimburse up to $3,000 towards the cost of financial planning advice required as a result of a benefit payment under this policy.

To claim this reimbursement, we'll need:
- a copy of the Statement of Advice which refers to the insurance claim
- your invoice, as proof of the expense.

We'll increase the reimbursement limit if the benefit we pay has been in-force for five years or more when the insured event occurs. In this case we'll double the amount from $3,000 to $6,000.

What this policy doesn't cover

Exclusions under death cover

We won't pay the death benefit for death caused by an event or condition specified as an exclusion on the policy schedule.

We won't pay the death benefit for death caused by suicide within 13 months of:
- the death benefit start date
- the start date of any death benefit increase applied for (but only for the increase)
- the most recent policy reinstatement.

We won't apply the suicide exclusion if, immediately before the death benefit started, the life insured held death cover for at least 13 consecutive months with us or another insurer, and we replaced it. We'll only waive the suicide exclusion on the amount of death cover we replaced.

Exclusions under TPD cover

We won't pay the TPD benefit for *total and permanent disablement*, *loss of a hand or foot*, *loss of sight in one eye* or *functional impairment* caused directly or indirectly by:
- an intentional self-inflicted act or attempted suicide
- any event or medical condition specified as an exclusion on the policy schedule.

We'll only pay benefits that the Trustee can release under superannuation law when the claim is assessed.

TPD benefits are only payable if the life insured meets the superannuation definition of permanent incapacity.

Any claim we pay reduces the amount available for further claims

When a benefit is paid under the policy, the death and TPD benefits are reduced by the amount paid, and the premium is re-calculated. The new premium will be based on the reduced levels of cover from the next premium due date after payment of the relevant benefit.

Benefit reductions also apply across two policies if one policy replaces the other.

Death cover benefit reductions

The death benefit amount is reduced by the amount paid or advanced, under any of the following:
- terminal illness benefit
- accidental injury benefit
- TPD benefit.

TPD cover benefit reductions

The TPD benefit amount is reduced by the amount paid or advanced under any of the following:
- terminal illness benefit
- accidental injury benefit.

When the benefits end

When the death benefit ends

The death benefit ends when one of the following happens:

- payment of the total death benefit amount
- when we receive written instruction to cancel the death benefit
- the death benefit end date shown on the policy schedule
- death of the life insured
- when the policy ends.

When the TPD benefit ends

The TPD benefit ends when one of the following happens:

- payment of the total TPD benefit amount
- when we receive written instruction to cancel the TPD benefit
- the TPD benefit end date shown on the policy schedule
- death of the life insured
- when the policy ends.

When the optional benefits end

Each optional benefit ends when one of the following happens:

- when we receive written instruction to cancel the option
- the optional benefit end date
- when the policy ends.

Some optional benefits don't have an end date shown on the policy schedule. In that case, the optional benefit ends when the policy ends, unless the benefit explanation specifies an earlier end date.

When the policy ends

The policy ends when one of the following happens:

- the latest benefit end date shown on the policy schedule
- when we cancel the policy due to non-payment of any premium within 30 days of its due date
- when we receive written instruction to cancel this policy
- the policy anniversary when the life insured is 99
- if the policy doesn't have death cover, payment of the TPD benefit which results in the TPD cover amount reducing to nil
- payment of 100% of the death benefit
- death of the life insured.

Applying for cover

Here's how to apply for cover

Here is an easy step-by-step diagram which shows how to put Zurich cover in place, with the help of your financial adviser.

Work out what you need	The first step involves a discussion with your financial adviser. They will help work out what types of cover you need, how much cover, and any tailoring required for your situation. Once the details are agreed with you, you'll be given a personalised premium quote.
Make sure you understand what you're applying for	This document contains all the information you need to know about the ZSP optional protection benefits. Please read it carefully to make sure you understand the policy conditions.
Complete an application	We'll ask about the life insured's health, financial situation, lifestyle and pastimes. Your financial adviser will help you complete and submit the application electronically. If you elect to use our Health Connect tele-interview service, then you can provide most of the details over the phone. If you don't want to share that information with your adviser, you can ask us to keep it private.
Up to 90 days of interim cover applies	As soon as you submit an application which includes valid payment details, we provide up to 90 days of interim cover. Interim cover is cover for accidental death and accidental injury, and the cover you have is based on the covers you apply for. Interim cover generally ends when we finish our assessment, which is when we issue a policy or we decline the application. Interim cover is temporary and has its own policy conditions which are set out in the 'Interim cover' section, starting on page 22.
We assess your application	We assess the information in the application. Any health condition the life insured tells us about will be covered under the policy unless we're unable to offer cover or specifically exclude the condition. Depending on factors including age, health, cover applied for and benefit amount we may need more information directly from the life insured, from the life insured's doctor or we may request a medical examination or test. If any medical test we request as part of your application returns an abnormal result, we'll provide that result to the doctor identified in your application. Most applications are assessed without any medical testing.
Any revised terms are agreed with you	If our application assessment results in a premium loading or special exclusion, then your financial adviser will be in touch with you to agree the revised terms. Any revised terms form part of your application and we'll only issue a policy if you agree to them. You can end the process here if you don't want to go ahead with the application on revised terms.
Policy is issued	Once we complete our assessment and accept your application, a policy schedule is created and sent to you. The policy schedule shows the details of the individual policy, including sums insured and cover start and end dates. Any special conditions and exclusions that have been agreed will be shown on the policy schedule.
Store your documents	This document contains the policy conditions. Please keep it together with your policy schedule so that you can find both documents easily if you need to make a claim. You'll also need your documents if you decide to alter your cover.

Only Australian residents can apply for ZSP optional protection benefits

Zurich Superannuation Term Life Plus is only available to people located in Australia when they apply for cover. We can't accept cash or applications signed and submitted from outside Australia.

Cover is available to Australian residents and people who are in the process of applying for permanent residency and are living in Australia. All parties to any policy issued must be Australian residents, including the life insured. The policy is designed for Australian residents and its operation and your rights may be restricted if you become a resident of another country.

Your duty of disclosure

When completing your application, it's important that you answer the questions correctly. Please familiarise yourself with how the duty of disclosure can affect your application and any policy issued.

The duty of disclosure applies to you

Before entering into a life insurance contract, you must tell us anything that you know, or could reasonably be expected to know, may affect our decision to provide the insurance and on what terms.

The duty applies until we agree to provide the insurance. After insurance is issued, it applies before the insurance contract is extended, varied or reinstated.

You don't have to tell us about some things

We don't need to be told anything that:

- reduces the risk we insure
- is common knowledge
- we know or should know as an insurer
- we waive the duty to tell us about.

The consequences of failing to tell us something are set out below.

If we're not told something

In exercising the following rights, we may apply the rights separately to each type of cover if different types of cover can constitute separate contracts of life insurance.

If we're not told something that we are required to be told, and we wouldn't have insured you if we had been told, we may avoid the contract within three years of entering into it.

If we choose not to avoid the contract, we may, at any time, reduce the amount of insurance. This would be worked out using a formula that takes into account the premium that would have been payable if there was no failure. If the insurance contract provides death cover, we may only exercise this right within three years of entering into the contract.

If we choose not to avoid the insurance contract or reduce the amount of insurance, we have another option. We may, at any time vary the contract in a way that places us in the same position we would've been in if we'd been told everything we should have been told. This right doesn't apply if the contract provides death cover.

If the failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Trustee obligations

It is a condition of your participation in the Fund that you have the same duty of disclosure to the Trustee. When you apply for insurance benefits through the Fund any personal information disclosed to the Trustee will be given to the insurer.

You have a 30-day cooling-off period

After we send you a policy schedule, you have 30 days to check that your policy meets your needs. In the 30-day cooling-off period, you can cancel the policy and receive a full refund of any premiums paid, provided you haven't made a claim. Your right to cancel the policy and receive a refund ends if you make a claim or make use of any other rights under your policy in the 30 days.

If we need to refund any contributions made to the policy, the refund is subject to preservation requirements. Refunds will normally be made to your ZSP account. If there is no ZSP account, we'll ask you for details of a complying superannuation fund we can pay the refund to.

How to cancel your policy

To cancel your policy during the cooling-off period or any time after that, choose the most convenient option for you:

- over the phone
- in writing as a letter sent by post
- in writing as an email attachment.

Our contact details are on the inside back cover of this document.

Useful parameters for each cover are summarised here

Zurich Superannuation Term Life Plus

Death cover Provides a lump sum payment if the life insured dies or is diagnosed with a terminal illness.	
Entry ages	10 – 70
End age	99
Minimum benefit amount	$50,000
Maximum benefit amount	No maximum – available cover depends on individual needs
Increasing cover after the policy begins	You can apply for a cover increase until the policy anniversary when the life insured is 69
Death cover Benefits and features	• death & terminal illness benefit • accidental injury benefit • future insurability • financial planning advice
Optional benefits	• premium waiver option

TPD cover Provides a lump sum payment if the life insured suffers total and permanent disablement.	
Entry ages	15 – 60 15 – 65 (modified definition)
End age	99 (modified definition applies from age 65) Limited cover applies from the policy anniversary when the life insured is 65 when the definition changes to *modified TPD*, the benefit amount is capped at $3,000,000 and double TPD becomes standard TPD
Minimum benefit amount	$50,000
Maximum benefit amount	• $5 million (any occupation or modified TPD definitions) • $2 million (domestic duties definition)
Increasing cover after the policy begins	You can apply for a cover increase until the policy anniversary when the life insured is 59
TPD cover Benefits and features	• TPD benefit • future insurability • financial planning advice
Optional benefits	• double TPD option • buy-back death option • premium waiver option

Interim cover starts as soon as you apply

Temporary accident cover is in place as soon as you apply. You can find the policy conditions in the 'Interim cover' section, starting on page 22.

Your cover will keep up with cost of living

Cover will increase every year without health assessment to allow for increase in cost of living. You can decline increases when they're offered if you don't need more cover.

Calculation of premiums and payment information

The premium is the amount you pay for your insurance cover

It includes the cost of the policy and any optional benefits selected, as well as any government charges that apply. The terms in this part of the document form part of the policy terms.

We calculate your initial premium based on the life insured and the cover you select

We calculate premiums based on:

- the amount of cover
- any optional benefits you choose
- whether you select stepped or level premiums
- the life insured's gender and current age
- whether or not the life insured is a smoker
- the life insured's occupation
- the life insured's health
- any pastimes the life insured participates in
- whether you or the life insured qualify for a discount
- the period of time since health, financial, and occupational assessment.

A number of factors affect the cost of your cover

The cost of your cover is generally higher if:

- you select a higher benefit amount
- you include more optional benefits
- the life insured is older
- the life insured is male (for death cover) or female (for TPD benefits)
- the life insured is a smoker
- the life insured's occupation includes hazardous duties or higher occupational risk
- the life insured isn't in good health or has underlying heath issues
- life insured participates in hazardous pastimes.

The cost of your cover is generally lower if:

- you select a lower benefit amount
- you include fewer or no optional benefits
- the life insured is younger
- the life insured is female (for death cover) or male (for TPD benefits)
- the life insured is a non-smoker who has not smoked tobacco, e-cigarettes (vaping) or any other substance and has not used a nicotine product in the past 12 months
- policy discounts apply.

The cost of cover will vary over time

The premium payable from the start of the policy to the first policy anniversary is shown on the policy schedule.

The cost of your cover will vary over time depending on:

- the premium structure you select
- the period of time since health, financial, and occupational assessment
- whether you or the life insured qualify for a discount under the terms of any special program we offer
- whether you accept inflation protection offers
- whether we change premium rates. Such changes would apply to all policies in the same category.

Here are the reasons why premiums can vary

Some of the factors used in calculating a premium change from year to year:

- stepped premiums are generally lower than level premiums at the start of the policy, but stepped premiums generally increase each year as the life insured gets older whereas level premiums do not
- stepped premiums may be lower at the start of the policy, on the basis that the life insured's health has been recently assessed
- discounts under any special program we offer will have their own terms that allow for changes
- inflation protection increases are extra amounts of cover added to your policy if you accept them at policy anniversary
- we may make changes to premium rates for all policies in the same category if the cost of providing cover increases.

Factors which can result in changes to premium rates include changes in:

- costs we incur in providing optional protection benefits, for example claim cost. The amount we pay in claims will be higher than expected if we pay more claims than expected, if we pay higher benefit amounts than expected, and if emerging industry experience and trends show an increase in long term claims cost
- commission costs
- the cost of reinsurance
- capital requirements
- expected policyholder behaviour across the portfolio, including how long optional protection benefits are held
- economic factors such as interest rates, inflation rates, employment level and market returns
- tax, government, or other mandatory charges
- operating expenses
- any other factors we consider important to us continuing to provide optional protection benefits.

These factors can be higher or lower than expected over time.

When inflation protection increases are offered, we calculate stepped and level premiums for the new cover based on:

- the same factors shown on the previous page for initial premium calculation, except that we don't review the life insured's health, occupation, and pastimes
- any premium loading already applying to the existing cover, which will also apply to the increase amount
- the life insured's age at the policy anniversary.

The difference between stepped and level premiums

Life insurance is long-term cover, which makes it different to other types of insurance like car insurance where the item being insured is re-valued each year. Unless you ask us to make changes, we only assess your medical and financial information at the start of the policy. When we calculate the premium each year, the change in your premium will depend on whether you've selected stepped or level premiums.

Stepped premiums generally increase each year based on rates for the life insured's age. Level premiums for the benefit amount at policy outset are based on the age of the life insured when cover begins. Level premiums are 'averaged out' or smoothed, which means they are generally higher than stepped premiums during the initial years, but lower than stepped premiums in later years. If you plan to keep your policy for longer than 10-12 years, level premiums may save you money over the life of your policy.

Both stepped and level premiums can change as they aren't guaranteed or 'fixed', as explained below.

Stepped and level premiums for any increase in cover, including inflation protection increases, are based on the age of the life insured at the date of the increase.

Level premiums don't stay level for the life of the policy. Level premiums convert to stepped premiums on the policy anniversary when the life insured is 64. The reason for this is that level premiums smooth the cost during the ages when most people have cover. If level premiums were calculated over all ages, including older ages when people are more likely to claim, they would be less affordable. The impact of the change from level to stepped is that the cost will increase substantially on the anniversary when the life insured is 64. This is because the stepped premium will then be based on age 64, 65, 66 and so on, unlike the smoothed premium for younger ages that applied previously.

We'll remind you about this change when the life insured approaches 64 so that you have time to seek advice and decide whether to continue the cover.

The cost of your cover will usually increase each year

Regardless of whether you choose stepped or level premiums, the overall policy premium will increase:

- if the benefit amount increases, for example when inflation protection increases are applied
- if the policy is impacted by any change in stamp duty
- if we change the premium rates for all policies in the same category.

Premium rates aren't guaranteed and can change

Whether stepped or level premiums apply, premium rates for the optional protection benefits aren't guaranteed and can change. This will only occur following a review of our premium rates against the cost of providing cover, as explained on the previous page. Any change will affect all policies in the same category, not just your individual policy. We'll tell you about any changes to premium rates at least 30 days before to the change takes effect. The premium payable from the start of your policy is shown on your policy schedule and won't change before the first policy anniversary unless you ask us to make an alteration to your policy.

We have changed premium rates for all policies in the same category in the past. You can find information about premium increases we have made in recent years on our website in the section: zurich.com.au/existingcustomers.

Premium payments

Premiums for ZSP optional protection benefits are deducted monthly from your ZSP account. You'll need to take this into account when deciding what level of contribution to make to your ZSP.

The premium is payable on the due date shown on the policy schedule and any notices we send you after that. You must pay premiums to keep the policy in-force. We can only accept premiums paid in Australian dollars.

If your individual account balance isn't sufficient to pay for your premium, your policy will be cancelled, and you won't be covered. We'll send you a warning notice if your policy is about to be cancelled so that you have time to prevent unintended cancellation. You may also be able to reinstate your cover after it lapses. You can find information about reinstatements in the 'Making changes to your policy' section on page 21.

The Trustee isn't responsible for the payment of premiums or for monitoring your payment of premiums.

Stamp duty

Stamp duty may apply to your policy, as explained below.

Stamp duty is a government charge

State governments impose stamp duty on life insurance policies and those duties vary from state to state. Any stamp duty that applies is included in the cost of your policy, generally as a separately stated amount. If changes in the law or a change in the life insured's residency result in a higher rate of stamp duty, the extra duty will be added to your premium or deducted from insurance benefits.

Other charges may apply

Goods and Services Tax (GST) isn't currently payable on insurance premiums for the policy described in this document.

Your financial adviser will explain the quoted premium

A premium illustration will be created for you

The illustration will show the cost of each cover and any optional benefits you select as well as any stamp duty that may apply. Your financial adviser can explain the illustration and answer any questions you may have.

You can also contact us if you have questions about how premiums are calculated. The premium illustration created when you apply for cover is specifically tailored to you, but we can provide premium rates for the policy described in this document on request.

Your financial adviser may receive commission from us

The policy explained in this document can be tailored to meet your needs, which is why it is only available via financial advisers. We pay commission to financial advisers and other representatives who choose to be remunerated that way. Your financial adviser will tell you if they plan to receive commission. Commission amounts will be explained in the documents they give you which will include a Financial Services Guide and may also include a Statement of Advice. We pay commission out of the premiums you pay us. Commission is not an additional amount you have to pay.

Refunds of premium when cover reduces or ends

If you make a change to your policy, we'll generally make the change effective on the next premium due date. This ensures you always have the cover you've paid for. If your change reduces the cost of your cover, no premium refund is due.

If you make any other overpayment of premium, we'll only refund amounts which exceed $5.00.

If we need to refund any contributions made to the policy, the refund is subject to preservation requirements. Refunds will normally be made to your ZSP account. If there is no ZSP account, we'll ask you for details of a complying superannuation fund we can pay the refund to.

Making changes to your policy

You can make changes once your policy is in place

In most cases we need a written request to make a change to your policy. Depending on the change you want to make, we may ask for further information or require a specific application form. If we agree, we'll confirm any changes in writing. A financial adviser can't change or waive any policy conditions.

Your cover is flexible

The Zurich Superannuation Term Life Plus policy is flexible and is designed to provide long-term protection which will change in line with your needs.

How to increase your cover

You can increase cover over time, to reflect your changing insurance needs, for example:

- you can accept yearly indexation increases
- you can make use of the future insurability feature by increasing cover when certain specified events occur
- you can apply for an increase in cover, subject to health, financial, and occupational assessment
- you can make other changes to your policy, for example adding extra-cost optional benefits.

Applications for new options and other changes that increase your cover are subject to health, financial, and occupational assessment. This includes increases in cover, apart from increases that are allowed for in policy features, for example, inflation protection.

How to reduce the cost of your cover

You can also reduce your cover to help manage the cost of your insurance over time. This could be a helpful change to consider if you have stepped premiums, which generally increase each year as you get older.

Here are some ways you can reduce the cost of your insurance:

- you can reduce your cover each year so that your premium doesn't increase (you can choose the proportion where you have multiple covers)
- you can reduce your premium by reducing your cover
- you can make other changes to your policy, for example removing extra-cost optional benefits.

You can also reject automatic indexation increases at any anniversary to maintain the same level of cover.

Please contact us if you would like to discuss any of these options. Our contact details are on the inside back cover of this document.

Converting cover to a non-superannuation life insurance policy

You can apply to convert cover to a non-superannuation policy without reassessment of the life insured's health, occupation, and pastimes. You can apply to convert the cover any time while you're a member of the fund or within 30 days of leaving the Fund.

The new policy will be the most comparable policy we offer when the life insured applies to convert cover. The premiums for the new policy will be those applying when it's issued. Any special conditions, exclusions, or premium loading that applied to the original policy may also apply to the new policy.

Your ZSP account remains in place if you convert cover while you are a member of the Fund.

Tell us if you move overseas

This policy is designed for customers who are resident in Australia. If you or the life insured becomes a resident of another country, you need to let us know as your policy may no longer be suitable for your individual needs and you may no longer be eligible to pay premiums. The local laws and regulations that apply outside of Australia may affect our ability to continue to service your policy in the way that the policy conditions say we will.

We don't offer tax advice, so if you or the life insured decide to live outside Australia, we also recommend getting advice on the tax consequences of changing country of residence. We won't be held responsible for any negative tax outcomes that result from a change in residence.

You may be able to reinstate your cover

If your cover is cancelled or lapsed, you can reinstate cover in the first 30 days. We'll reinstate cover immediately on your request, provided all outstanding premium is paid. If you're reinstating cover because you changed your mind after you cancelled it, we'll need the reinstatement request in writing.

If the policy is reinstated in this period, we won't pay benefits for any condition which occurs or is apparent while the policy is lapsed or cancelled. 'Apparent' means the life insured is aware of symptoms or a diagnosis relating to the condition.

After 30 days, you can only apply to reinstate cover if your policy was cancelled due to non-payment of premium. You'll need to complete a reinstatement application so that we can assess your health, financial situation, lifestyle, and pastimes. You have 12 months to apply for reinstatement using this shorter application process. The 12 months starts on the due date of the first unpaid premium. We don't guarantee reinstatement will be available. We may decline to reinstate or impose conditions on any cover offered.

If we accept your reinstatement application, cover will start again from the date of acceptance, which we'll confirm in writing. Before this time, there is no cover. Benefits aren't payable for any condition which occurs or is apparent while a policy is lapsed or cancelled.

Reinstatement doesn't mean continuous cover. Some benefits explained in this document are affected by a reinstatement in cover such as exclusion periods which re-start. Please review the section of this document which explains the cover you've selected for further information.

Interim cover

We provide interim cover while we assess your application

We provide up to 90 days of interim cover against *accidental death* and *accidental injury*, depending on the covers applied for. Interim cover starts when an application is submitted, provided it includes valid payment details.

Interim cover ensures that you have some basic cover in place once you're taking active steps to get comprehensive cover. Interim cover doesn't apply if you already have insurance in place with us or another insurer and you've told us that you're replacing the existing insurance.

Interim cover generally ends when we finish our assessment, which is when we issue a policy, or we decline the application. Interim cover is temporary and has its own policy conditions which are set out below.

Interim cover isn't comprehensive insurance cover

Interim cover doesn't necessarily provide the same coverage as the policy being applied for. Benefit caps apply, regardless of how much cover you apply for. The terms of interim cover are set out in this section. These terms can't be varied or extended by us or your financial adviser. All words appearing in *italics* are defined terms with special meanings which are explained in the 'Definitions' section, starting on page 28.

Interim cover is for people who are applying for new cover

Interim cover is available to you if you're applying for insurance cover which isn't intended to replace cover you already have with us or another insurer.

If you're applying to increase insurance with us (including where you're applying to replace existing cover at the same time), then interim cover applies only to the amount of the increase, up to the relevant limits set out in this interim cover.

Interim cover doesn't apply to all applicants

You're not eligible for interim cover if any of the following applies:

- you have current insurance with us or another insurer which provides the same or similar cover and which you've told us will be replaced by the cover being applied for
- you have a current application or interim cover with us or another insurer for insurance of a similar type which provides the same or similar cover
- you had interim cover or other insurance cover with us in the previous 24 months of a similar type that ended (except where you're increasing cover on an existing policy)
- you previously applied for insurance of a similar type with us or another insurer and the application was declined, deferred, or postponed.

When we say other insurance cover which is the same or similar, we mean insurance which is an individual policy as well as insurance which is part of a package, for example a mortgage protection policy which contains different insurance covers bundled together.

You're not eligible for interim cover if the insurance you've applied for wouldn't be accepted, based on our normal assessment criteria.

When interim cover starts

Interim cover starts on the interim cover effective date, which is the date that you complete our electronic Zurich Superannuation Term Life Plus application and you arrange future premium payments. To arrange premium payments, you'll need to complete a payment authority with valid payment details or provide a valid instruction to transfer superannuation to the Zurich Superannuation Plan.

If you select our Health Connect tele-interview option to complete some of the application, interim cover will still start on the date that you complete our electronic application. We won't delay the start of the interim cover until your tele-interview occurs, even though your application will be incomplete.

When interim cover ends

Interim cover ends when your application is withdrawn, which is when one of the following happens:

- the date when you or your financial adviser withdraws your application by contacting us
- 90 days after the effective date
- when we decline your application in writing
- when insurance cover starts under another contract of insurance, including interim cover, which covers the life insured and is intended to replace this interim cover
- 21 days after we tell you or your financial adviser that the insurance cover applied for would be subject to non-standard terms, such as a premium loading or an exclusion and you haven't agreed to the alteration
- 28 days after the effective date if your financial adviser hasn't submitted your application to us.

Exclusions apply to interim cover

Interim cover doesn't apply in these situations:

- if we would have declined your application, based on our normal heath, financial, and occupational assessment criteria
- if you apply for more cover than we would accept, based on our normal heath, financial, and occupational assessment criteria. If this happens, we won't provide interim cover for the excess amount
- if the event leading to the claim occurs while the life insured is outside Australia.

We won't pay a benefit where the event leading to the claim is caused directly or indirectly by:

- suicide or attempted suicide
- intentional self-inflicted *injury* or act
- the taking of drugs other than as prescribed by a doctor
- engaging in any criminal activities
- engaging in any pursuit or occupation which would cause us to reject the application for insurance or apply special conditions to acceptance of the application for insurance
- an act of war, whether declared or not. War doesn't include acts of terrorism
- military service, other than death while on war service.

Your duty of disclosure also applies to interim cover

When you apply for Zurich Superannuation Term Life Plus, you'll declare that you've read and understood your duty of disclosure. This duty also applies to interim cover. We may void your interim cover if you misrepresent anything on your application form. Please read about your duty of disclosure in the 'Applying for cover' section, starting on page 15.

Contact us if you want to check on your interim cover

Contact us if you want to confirm the currency of your interim cover if you or your financial adviser don't have the details. Our contact details are on the inside back cover of this document.

Your interim cover depends on what you've applied for

We'll provide you with interim cover from the interim cover effective date until the interim cover end date, provided you meet the interim cover eligibility criteria. Interim cover is subject to the specific terms set out in this section.

Interim cover is:

- limited to the type or types of insurance you applied for in the application
- subject to these terms, conditions, and exclusions
- subject to the other relevant terms, conditions, and exclusions of the policy conditions for the insurance you've applied for, except where the policy conditions provide greater cover than this interim cover.

If you've submitted more than one application to us, the maximums set out below apply across all applications being assessed.

Death cover

If you've applied for death cover, we'll pay a benefit on the life insured's *accidental death* during the period of this interim cover. The amount we'll pay for any life will be the lower of:

- $1,000,000
- the amount of cover you're applying for
- the amount of cover the life insured would have been accepted for under our normal heath assessment criteria.

TPD cover

If you've applied for TPD cover, we'll pay a benefit if the life insured is disabled and suffers *loss of hands, feet or sight* as a result of an *accidental injury* during the period of this interim cover. The life insured must survive at least 14 days after the loss. The life insured must also meet the superannuation definition of permanent incapacity.

The amount we'll pay for any life will be the lower of:

- $600,000
- the amount of cover you're applying for
- the amount of cover the life insured would have been accepted for under our normal heath, financial, and occupational assessment criteria.

You need to provide evidence if you make a claim under interim cover

If you need to claim under your interim cover, you must provide us with sufficient proof that an insured event occurred between the interim cover effective date and the interim cover end date, including proof that you completed our application.

If your claim is successful, you must pay us the premium for this cover, which is what we would have charged you for the policy you applied for, to cover the period up until the date that we admit your claim.

Making a claim

Here's how to make a claim

We understand that when you need to claim it can be a very difficult and emotional time. We aim to make the claim process as straightforward as possible.

Please tell us about any event that could result in a claim as soon as you can.

It's easy to lodge a claim with us. The first step is to complete our claim form, which must be signed and returned to us. You may be able to use our tele-lodgement service, depending on the type of claim you're making. We'll let you know if this service is available to you.

You can access a claim form on our website: zurich.com.au or you can contact us if you'd prefer to have a claim form sent to you.

You'll need to gather supporting documents

You'll need to provide the relevant evidence required to assess your claim. Any missing documents may delay the claim process.

You're responsible for providing all standard supporting documents for your claim. In some cases, you may need to pay for those documents. For example, where a medical report is required. Most of the medical and financial information you need to prove your claim will be information that you already have.

The documents you submit should be legible, unaltered and include proof to support your claim. If we can't use the information you provide for any reason, we'll let you know why that is and will discuss with you what alternative documents can be provided.

You may need to prove the information provided at application

In assessing the claim we'll rely on any information that you told us as part of the application. If we didn't verify information when you applied for cover, we reserve the right to verify it when you make a claim.

Here's our standard list of claim requirements

We require the following information to assess your claim:

- proof of a claimable event or condition and when it occurred
- supporting evidence from an appropriate specialist *medical practitioner*
- proof of the life insured's age.

In addition to any insurance claim requirements, a superannuation claim form must be completed and returned to the Trustee.

In addition to the standard requirements, we need information that is specific to the type of claim you're making

Documents for TPD claims

For TPD benefits, proof of any insured event must be supported by:

- confirmatory investigations including, but not limited to, clinical, radiological, histological and laboratory evidence.

Questions you might have about making a claim

Is a medical examination required?

We may need your claim to be verified by a specialist *medical practitioner* we appoint. To do this we may require the life insured to undergo reasonable examinations and tests. If we request an examination or test by a *medical practitioner* we appoint, we'll pay for it. We'll also cover reasonable travel costs.

Can my claim be paid in a foreign currency?

No. We pay all claims in Australian dollars.

Payment of benefits

If a benefit is payable under a Zurich Superannuation Term Life Plus policy, we'll pay it to the Trustee. The Trustee will release the benefit from the superannuation fund to you, subject to the governing rules of the superannuation fund and superannuation law. The Trustee may need to conduct further assessment to satisfy themselves that all rules and laws have been met. You can make death benefit nominations with the Trustee.

The financial planning advice feature does not form part of the Zurich Superannuation Term Life Plus policy contract terms. Instead it will be provided under a separate insurance certificate, made by Zurich directly to you.

Benefits may be kept inside your ZSP in certain situations. For example, a refund of premiums may be paid to the Trustee which can't be paid to you because it must be preserved under superannuation law. If this happens, the payment will be made to your ZSP account.

Also, situations can occur where you meet a superannuation condition of release, but you're not entitled to an insurance benefit. For example, if you meet the definition of permanent incapacity but you don't have TPD cover as an optional protection benefit, no insurance benefit will be paid. In this case you will be entitled to access your ZSP account balance.

Examples of what we pay

Here are some examples of what we would pay out under each type of cover.

Protection for loved-ones on your death or terminal illness

David has a **Zurich Superannuation Term Life Plus** policy with $1,000,000 death cover.

David took death cover to make sure that his wife and young children would be taken care of if something unexpected happened to him.

Two years after taking out his policy, David has a tragic cancer diagnosis, and his treating doctors confirm he won't survive another 24 months.

David also meets the definition of permanent incapacity under superannuation law.

As death cover includes a terminal illness benefit, we'll pay the full $1,000,000 now so that David can take an active role in planning his family's financial future.

Replacing lost income if you'll never work again

Ling has a **Zurich Superannuation Term Life Plus** policy with $800,000 TPD cover.

Ling took TPD cover as her plan-B in case she ever had to stop work due to poor health.

Eight years after taking out her policy, Ling is involved in a serious car accident and is lucky to survive. She suffers extensive permanent physical injuries. While she can live a comfortable life with support from her family, she'll never be able to work as a pharmacist ever again.

Ling meets her policy definition of TPD, and her treating doctors confirm that she'll never work again. Ling also meets the definition of permanent incapacity under superannuation law. As all the criteria are met, we'll pay the full benefit of $800,000. The benefit will help fund Ling's gap in expected earnings and will contribute to out of pocket expenses she'll face in adapting her world to work best for her.

General policy conditions

These conditions apply to the cover explained in this document

These general policy conditions apply to a Zurich Superannuation Term Life Plus policy added to a ZSP. These general policy conditions apply in addition to the cover specific policy conditions set out in the previous sections of this document.

What we mean by policy documents

Your policy is made up of the policy conditions in this document and the latest policy schedule. The policy schedule will be sent to you when the policy is issued. We'll issue an updated policy schedule after a change.

The policy schedule shows details of the policy including:

- the applicable covers
- the policy start date
- the life insured
- the amount of cover
- any optional benefits chosen
- any policy conditions specific to your policy
- the benefit end date or dates.

The policy start date shown on the policy schedule and the anniversary of that date is used throughout this document as a reference point in time. For example, benefits generally end on the policy anniversary when the life insured is a certain age.

Please check these policy conditions and the policy schedule carefully to ensure that the policy provides the correct cover and has been established in line with your application.

Benefit start dates and policy conditions

The benefit start date on the policy schedule determines which policy conditions apply to each benefit. A policy issued while these policy conditions are current will be subject to the terms explained in this document. If you vary your policy after the policy state date, and a new benefit start date appears on your policy schedule, the policy conditions for the altered benefit will be those in the information document current on the benefit start date, unless otherwise agreed.

Benefits which aren't available to new customers

You can apply to vary an existing policy with a benefit or option which was explained in your original information document, but isn't explained in this document, because it's no longer available. If we accept your application, the policy conditions for the benefit or option are set out in the original information document.

This policy doesn't have a cash value

This policy only provides the insurance benefits explained in this document. It doesn't have a cash value. We'll put premiums paid for this policy in our No. 2 Statutory Fund and pay claims under this policy from that fund. The contract is between us and the owner of the policy. As the policy is held in superannuation, this will be the Trustee. There is no contract between the life insured, who is a member of the Fund, and us as the insurer.

Zurich's legal obligations and your privacy

We have specific legal obligations

We and other companies within the worldwide Zurich group of companies have obligations under Australian and foreign laws. We won't do anything that would put us at risk of breaking Australian law or laws in any other country. This applies no matter what is included in the policy conditions. This may include suspending or cancelling your policy.

All financial transactions, including acceptance of premium payments, claim payments and other reimbursements, are subject to compliance with trade or economic sanctions laws and regulations.

We may cancel the policy if we consider you, the life insured, your directors and officers or beneficial owners to be a sanctioned person. We may also cancel the policy if you conduct an activity which is sanctioned according to trade or economic sanctions laws and regulations.

Further, we won't provide any cover, service or benefit to any party if this may breach trade or economic sanctions laws or regulations.

This policy is based on the legal and regulatory requirements that apply when the policy is issued. The policy may be affected by changes to these requirements.

Privacy

We're bound by the Privacy Act 1988 (Cth). Before providing us with any personal or sensitive information, read this outline to understand what we'll do with your information.

We collect and use personal information to manage your insurance

We collect, use, process, and store personal information and, in some cases, sensitive information about you for several purposes. Purposes include complying with our legal obligations, assessing your application for insurance, managing the insurance, improving customer service or products and to manage claims. If you don't agree to provide us with the information, we may not be able to process your application, manage your cover or assess your claims. Other than from you, we may also collect information from government offices and third parties to assess an application or a claim.

By providing us or your financial adviser with your information, you consent to our use of this information which includes us sharing your information with other parties where relevant for the purposes. Other parties can include the policy owner, your financial adviser and their licensee, affiliates of the Zurich Insurance Group Ltd, other insurers and reinsurers, our service providers, our banking gateway providers and credit card transaction processors, and our business partners. We may also use or disclose your information as authorised or required by law within Australia or overseas.

These are the relevant Australian laws that may apply:

- Australian Securities and Investment Commissions Act 2001
- Corporations Act 2001
- Insurance Contracts Act 1984
- Life Insurance Act 1995
- Superannuation Industry (Supervision) Act 1993
- Anti Money Laundering and Counter Terrorism Financing Act 2006
- Anti Money Laundering and Counter Terrorism Financing Rules Instrument 2007 (No. 1)
- Income Tax Assessment Act 1997
- Taxation Administration Act 1953
- Superannuation Guarantee (Administration) Act 1992
- Small Superannuation Accounts Act 1995
- Superannuation (Unclaimed Money and Lost Members) Act 1999
- Superannuation Resolution of Complaints) Act 1993
- Superannuation (Government Co-contribution for low income earners) Act 2003
- Family Law Act 1975 (Part VIIIB).

We must also comply with updates to these laws and any associated regulations. In addition to these, other acts may require or authorise us to collect your personal information.

We may use personal information (but not sensitive information) collected about you to tell you about other products and services we offer. If you don't want your personal information to be used in this way, please contact us.

If you want to know more

We can provide:

- a list of service providers and business partners that we typically may share your information with
- a list of countries in which recipients of your information are likely to be located
- details of how you can access or correct the information we hold about you
- information about how to make a complaint.

For further information about Zurich's Privacy Policy please click the privacy link on our homepage zurich.com.au, contact us by phone on 132 687 or email us at privacy.officer@zurich.com.au.

Our data commitment

We understand that data security is an important concern. You can rest assured that we'll:

- keep your data safe
- never sell personal data
- not share personal data without being transparent about it
- put data to work so we can better protect you.

Definitions

These definitions are used throughout this document

accidental death means death caused by an accident. The accident must be a violent, external, and visible event and death must occur within three calendar months of the accident.

accidental injury means bodily injury caused by an accident. The accident must be a violent, external, and visible event and must occur while the policy is in-force.

activities of daily living are:
- bathing and showering
- dressing and undressing
- eating and drinking
- using a toilet
- moving from place to place by walking, wheelchair or with the help of a walking aid.

any occupation means any occupation, business, or employment the life insured is suited to by education, training, or experience. Earnings from this occupation, business or employment should be more than 25% of the life insured's most recent 12 months of work for remuneration or reward.

any occupation TPD means due to *sickness* or *injury*, the life insured meets the criteria set out in (a) or (b) or (c) or (d) below:

(a) both of the following:
  - hasn't been working for a continuous period of at least three months
  - is so incapacitated that they're unlikely to be able to work in *any occupation* ever again.

(b) both of the following:
  - has suffered permanent and irreversible *whole person impairment* of at least 25%
  - is so incapacitated that they're unlikely to be able to work in *any occupation* ever again.

(c) *functional impairment* of at least four *extended ADL* categories.

(d) permanent and irreversible *whole person impairment* of at least 60%.

A claim for *whole person impairment* is only payable if the life insured survives at least 14 days after they meet the definition. The definition isn't met if the life insured is declared brain dead in the 14 days.

We'll assess the life insured's capacity for future work using a combination of the following:
- medical opinion provided by a specialist in the life insured's condition
- employability assessments prepared by allied health providers
- labour market information
- any other available evidence of the life insured's condition, including evidence provided by the life insured and anyone acting for the life insured.

cognitive loss means a total and permanent deterioration or loss of intellectual capacity.

The loss of intellectual capacity must be evidenced by both of the following:
- necessary, continuous care and supervision by another person for at least three consecutive months
- a score of 15 or less out of 30 in a Mini Mental State Examination or equivalent evidence from an alternative neuro-psychometric test.

At the end of the three-month period, medical evidence must confirm that the life insured is likely to require ongoing continuous care and supervision by another person.

consumer price index means the 'Weighted Average of Eight Capital Cities Index' as published by the Australian Bureau of Statistics. If that index is no longer published or is significantly changed, a comparable replacement index will be applied.

domestic duties means the following tasks, whether or not the life insured performed these tasks prior to the *sickness* or *injury*:
- cleaning: using domestic appliances and equipment to clean and maintain the home
- cooking: using kitchen and cooking utensils, appliances, and equipment to prepare more than the most basic meals for the family
- laundry: washing, drying, and ironing the family's clothes or linens to basic standards
- shopping: purchasing and unpacking everyday household provisions for the family.

domestic duties TPD means due to *sickness* or *injury*, the life insured meets the criteria set out in (a) or (b) or (c) or (d) below:

(a) all of the following:
- is unable to perform all of the *domestic duties* without an adult person assisting for a continuous period of at least three months
- is unable to leave their home without an adult person assisting for a continuous period of at least three months
- has been following the advice of a *medical practitioner* and engaging in appropriate treatment for the *sickness* or *injury* in the three-month period
- is so incapacitated that they require ongoing medical care
- is so incapacitated that they're unlikely to be able to perform all of the *domestic duties* without an adult person assisting, ever again.

(b) both of the following:
- has suffered permanent and irreversible *whole person impairment* of at least 25%
- is so incapacitated that they're unlikely to be able to work in *any occupation* ever again.

(c) *functional impairment* of at least four *extended ADL* categories.

(d) permanent and irreversible *whole person impairment* of at least 60%.

A claim for *whole person impairment* is only payable if life insured survives at least 14 days after they meet the definition. The definition isn't met if the life insured is declared brain dead in the 14 days.

We'll assess the life insured's capacity for future work using a combination of the following:
- medical opinion provided by a specialist in the life insured's condition
- employability assessments prepared by allied health providers
- labour market information
- any other available evidence of the life insured's condition, including evidence provided by the life insured and anyone acting for the life insured.

extended activities of daily living/extended ADLs are the six categories of extended ADLs set out on the next page. Each category is made up of a list of specific tasks. If the life insured can't perform the stated number of specific tasks within a category, the whole category is scored as an inability to perform that extended ADL category.

The ability to perform the tasks of each extended ADL category must be assessed by a medical specialist appropriate to the medical condition causing the impairment, using our Activities of Daily Living score sheet.

The scoring method works like this:

Degree of impairment	Score
A life insured who is independent in performing a task is regarded as able to do that task.	'can', 'normal' or 'good'
A life insured who makes use of assistive devices or requires the supervision of another person in performing a task is regarded as requiring help to do the task.	'with help', 'minimal' or 'average' Examples of assistive devices are walking frames, raised toilet seats, shower or bath benches. Glasses and hearing aids aren't classified as assistive devices.
A life insured who is completely dependent on another person(s) to perform a task is regarded as unable to do that task.	'cannot' or 'poor' Poor means a rating of poor or below average as measured and evaluated by the relevant and appropriate test or tests.

When a life insured is being measured on their ability to perform any extended ADL category tasks:
- scoring must record all impairment
- assistive devices must be used, where they are available.

Supporting objective medical evidence or investigations must be provided for each task of an extended ADL category scored.

The extended ADL categories, specific tasks and scoring are detailed in the table below.

ADL category 1: Self-care

Specific tasks:

- bathing
- grooming
- dressing
- eating and feeding
- bowel and bladder function
- mobility

Score required in order to be considered unable to perform this ADL category:

- 'cannot' in at least one specific task, or
- 'with help' in at least two specific tasks.

ADL category 2: Communication

Specific tasks:

- speaking
- reading
- writing
- keyboard use

Score required in order to be considered unable to perform this ADL category:

- 'cannot' in at least one specific task, or
- 'minimal' in at least two specific tasks.

ADL category 3: Physical activity

Specific tasks:

Intrinsic

- standing
- sitting
- reclining
- walking
- stooping
- squatting
- kneeling
- reaching
- bending
- twisting

Functional

- carrying
- lifting
- pushing
- pulling
- climbing
- exercising

Score required in order to be considered unable to perform this ADL category:

- cannot' in at least three specific tasks, or
- 'with help' in at least six specific tasks.

ADL category 4: Sensory function

Specific tasks:

- hearing
- seeing
- tactile sensation
- tasting
- smelling

Score required in order to be considered unable to perform this ADL category:

- 'cannot' in at least one specific task, or
- 'minimal' in at least two specific tasks.

ADL category 5: Hand functions

Specific tasks:

- grasping
- holding
- pinching
- percussive movements
- sensory discrimination

Score required in order to be considered unable to perform this ADL category:

- 'cannot' in at least one specific task, or
- 'minimal' in at least two specific tasks.

ADL category 6: Advanced functions

Specific tasks:

- travel (riding, driving)
- sexual function
- social interaction
- understand concepts
- memory
- problem solving
- stress adaptation
- sleep pattern
- recreational/social activities

Score required in order to be considered unable to perform this ADL category:

- 'cannot' or 'poor' in at least four specific tasks.

functional impairment means both of the following:
- the presence of a medically recognised disease or disorder
- a resulting inability to perform a specified number of the *extended activities of daily living* categories, while on optimal therapy if therapy is appropriate.

The functional impairment must be:
- present for a minimum of six months
- permanent and irreversible
- assessed using the scoring criteria set out in the definition of *extended ADLs*.

injury means bodily injury caused by an accident. The accident must occur while the policy is in-force.

loss of a hand or foot means the total and irreversible loss of the use of:
- an entire hand or
- an entire foot.

loss of hands, feet or sight means the total and irreversible loss of the use of two or more of:
- an entire hand
- an entire foot
- sight in one eye, to the extent that even when aided, one of the following applies:
  - eyesight is reduced in that eye to 6/60 or worse of central visual acuity on the Snellen test chart
  - the degree of vision is less than or equal to 20 degrees of arc.

loss of hands or feet means the total and irreversible loss of the use of two or more of:
- an entire hand or
- an entire foot.

loss of independent existence means the total and irreversible inability to perform at least two of the *activities of daily living* without the help of another person.

loss of sight means permanent and irrecoverable loss of sight, to the extent that one of the following applies:
- even when aided, eyesight is reduced in both eyes to 6/60 or worse of central visual acuity on the Snellen test chart
- the degree of vision is less than or equal to 20 degrees of arc.

loss of sight in one eye means the permanent and irrecoverable loss of sight in one eye to the extent that even when aided, one of the following applies:
- eyesight is reduced in that eye to 6/60 or worse of central visual acuity on the Snellen test chart
- the degree of vision is less than or equal to 20 degrees of arc.

medical practitioner means one of the following:
- a medical practitioner legally registered to practise in Australia
- a medical practitioner legally registered to practise in another country who has equivalent qualification.

Medical practitioner generally includes the life insured's general practitioner and any treating specialists involved in diagnosis and management of their condition. For mental health claims, it can include a treating psychiatrist.

Where we need an opinion from a specific medical specialist appropriate to the medical condition, we'll specify.

Medical practitioner doesn't include:
- the policy owner, their relative, business partner or employee
- the life insured, their relative, business partner or employee
- other para-medical professionals such as psychologists, chiropractors, physiotherapists, or naturopaths.

modified TPD means the life insured has suffered one of the following:
- *loss of hands or feet*
- *loss of sight*
- both *loss of a hand or foot* and *loss of sight in one eye*
- *loss of independent existence*
- *cognitive loss.*

A claim for *loss of hands or feet*, *loss of sight*, both *loss of a hand or foot* and *loss of sight in one eye* or *loss of independent existence* is only payable if life insured survives at least 14 days after they meet the definition. The definition isn't met if the life insured is declared brain dead in the 14 days.

sickness means sickness or disease including any pre-existing sickness or disease that the life insured told us about in the application that we agreed to cover.

terminal illness means any condition caused by *sickness* or *injury*, where despite all reasonable medical treatment, the life insured is expected to live for no more than 24 months.

Terminal illness must be confirmed and certified by both of the following:
- a specialist *medical practitioner* who is treating the condition and can provide supporting evidence of the condition, possible medical treatment and prognosis
- a specialist *medical practitioner* who is an expert in the condition.

The period of life expectancy certified by each of the two *medical practitioners*, must not have ended.

total and permanent disablement (TPD) means the type of TPD shown on your policy schedule. Only total and permanent disablement due to *sickness* or *injury* is covered.

In all cases, the life insured must also meet the definition of permanent incapacity under superannuation law.

Before the policy anniversary when the life insured is 65:

- to qualify for an any occupation TPD benefit, the life insured must meet the *any occupation TPD* or *modified TPD* definition
- to qualify for a domestic duties TPD benefit, the life insured must either:
  - meet the *domestic duties TPD* definition
  - meet the *any occupation TPD* definition, if they have been working for remuneration or reward for an average of at least 16 hours per week in the six months before stopping work
- to qualify for a modified TPD benefit, the life insured must meet the *modified TPD* definition.

From the policy anniversary when the life insured is 65, the only way to qualify for a TPD benefit, regardless of the definition on the policy schedule, is if the life insured meets the *modified TPD* definition, due to *sickness* or *injury*.

uncomplicated pregnancy or childbirth means pregnancy, childbirth or termination which doesn't result in any serious medical complication. Included are participation in an IVF or similar program, normal discomforts such as morning sickness, backache, ankle swelling or bladder problems, giving birth, miscarriage, or a termination. Uncomplicated pregnancy also includes conditions which first appear during pregnancy and are recognised as pregnancy-related, temporary conditions. These include carpel tunnel syndrome, varicose veins and high blood pressure.

whole person impairment means whole person impairment based on the American Medical Association Guides to the Evaluation of Permanent Impairment, 5th edition. We'll consider other appropriate and medically recognised tests that measure whole person impairment at the same degree of severity or greater. The examining doctor will be given specific scoring criteria.

Contact us

Contact us if you need help

We can answer questions about the cover explained in this document, and if you take out a policy with us, we can help you to keep your policy details up to date.

We can help you with basic alterations to your policy, to help keep cover in line with your needs. For example if you want to make use of an option on your policy.

We can also provide a copy of the trust deed.

Please contact our Customer Care team in the most convenient way for you:

131 551

client.service@zurich.com.au

Zurich Customer Care
Locked Bag 994
North Sydney NSW 2059

Trustee and insurer details

Trustee

Equity Trustees Superannuation Limited
Level 1, 575 Bourke Street, Melbourne VIC 3000
GPO Box 2307, Melbourne VIC 3001

Insurer

Zurich Australia Limited
118 Mount Street, North Sydney NSW 2059

Find out more when it suits you best

We have plenty of information on our website to help you. We also have a self-service portal you can sign-up to.

zurich.com.au

Here are some useful locations on our website:

- for a previous version of this information document: zurich.com.au/existingcustomers
- for information about policy upgrades that may affect you: zurich.com.au/existingcustomers
- for information about premium rate increases in recent years: zurich.com.au/existingcustomers
- for tips on how to manage the cost of your cover over time: zurich.com.au/controlyourcover
- our 24/7 self-service customer portal: zurich.com.au/myzurich

Keep in touch with your financial adviser too

Your financial adviser is your first point of contact for financial advice. We can only provide you with factual information about this cover and how it works.

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GPO Box 2307 Melbourne VIC 3001

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